

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-978)**

SERIAL NO.

APPLICANT(S)

FILING DATE

10521548

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/		/	
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3			/		/	
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50						
TOTAL IND.			2		2	
TOTAL DEP.			20		20	
TOTAL CLAIMS			22		22	

	IND.		DEP.		IND.		DEP.	
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TOTAL DEP.								
TOTAL CLAIMS								